

PROJET SIDA FUNGURUME (PROSIFU)

A PUBLIC-PRIVATE PARTNERSHIP FOR MINING COMMUNITIES, TRUCK
DRIVERS, AND OTHER AT-RISK POPULATIONS

YEAR 1 QUARTER 3 REPORT

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**TENKE
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ACRONYMS AND ABBREVIATIONS

AB	abstinence and being faithful
AIDS	acquired immune deficiency syndrome
ARVs	antiretrovirals
ART	antiretroviral treatment
BAK-Congo	Bread and Knowledge Too-Congo
CBO	community-based organization
CS	<i>Centre de Santé</i>
CSR	<i>Centre de Santé de Référence</i>
CSW	commercial sex worker
CTX	cotrimoxazole
DRC	Democratic Republic of Congo
EID	early infant diagnosis
FHZ	Fungurume Health Zone
HTC	HIV testing and counseling
HIV	human immunodeficiency virus
IR	Intermediate Result
M&E	monitoring and evaluation
NGO	nongovernmental organization
OVC	orphans and vulnerable children
PEPFAR	United States President's Emergency Plan for AIDS Relief
PITC	provider-initiated HIV testing and counseling
PLWHA	people living with HIV/AIDS
PMTCT	prevention of mother-to-child transmission of HIV
PNLS	<i>Programme National de Lutte contre le SIDA</i> (National HIV/AIDS Program)
PNMLS	<i>Programme Nationale Multi-Sectorielle de Lutte contre le SIDA</i>
ProSIFU	<i>Projet SIDA Fungurume</i>
ProVIC	<i>Projet Intégré de VIH/SIDA au Congo</i> (DRC Integrated HIV/AIDS Project)
ROADS II	Regional Outreach Addressing AIDS through Development Strategies II
RDQA	routine data quality assurance
SEFAM	<i>Secours en Faveur Des Marginalises au Congo</i>
SGBV	sexual and gender-based violence
SHG	self-help group
TB	tuberculosis
TFM	Tenke Fungurume Mining
USAID	United States Agency for International Development

EXECUTIVE SUMMARY

PATH and Tenke Fungurume Mining (TFM) are pleased to submit this third quarter report for Year 1 (fiscal year 2013) under the US Agency for International Development (USAID) Global Development Alliance (GDA) mechanism for *Projet SIDA Fungurume* (ProSIFU). The project's goal is to reduce the risk of HIV and mitigate its impact on communities in Fungurume Health Zone (FHZ), the town of Kasumbalesa, and the transportation axis between them in the southern province of Katanga, Democratic Republic of Congo (DRC).

As noted in ProSIFU's second quarter report, the launch of the US President's Emergency Plan for AIDS Relief (PEPFAR) DRC "strategic pivot" during the second quarter of ProSIFU's first year has substantially revised and refocused the project's originally approved scope. Most notably, ProSIFU's interventions have largely shifted to for organization around preventing HIV transmission from mothers to their children (PMTCT)—rather than among the general population—and on ensuring antiretroviral treatment (ART), through a "test and treat" approach, to *all* eligible HIV-positive beneficiaries—rather than providing treatment only in the context of PMTCT. In this context, community mobilization and outreach is now more targeted: the new focus will be on behavior change communication activities and messages aimed at reducing high-risk sexual behaviors and addressing priority pivot themes, such as PMTCT and treatment adherence, and on targeting key populations such as truckers, miners, and commercial sex workers (CSWs), persons with disabilities, and women.



Along the main road to Fungurume, Katanga. Photo: Nefra Faltas/PATH.

As detailed in Annex 1 of this report, and amidst the addition of numerous additional services (and hence reporting requirements) in response to the strategic pivot, ProSIFU's third quarter results reflect tremendous improvement in performance over previous reporting periods against the vast majority of project indicators. For example, more than 4,160 key populations were reached with targeted prevention messaging—more than 12 times as many who were reached during the first and second quarters combined—during the third quarter alone. Nearly 2,900 individuals—2,190 individuals through mobile voluntary HTC, 223 individuals through provider-initiated HIV testing and counseling (PITC), and 429 pregnant women through PMTCT services—were also tested for HIV and received their results during the reporting period, which was nearly three times as many people who were reached with HTC during previous periods.

Of all those who received HTC services during the reporting period, 131 individuals, or approximately 4.5 percent, were newly identified as HIV positive. These results reflect seropositivity rates in project-targeted areas that are higher than the national average seropositivity rate, which continues to reinforce the case that there is strong community need for the key services that ProSIFU supports. To date, nearly 1,000 pregnant women also have now been reached with PMTCT services through ProSIFU.

Finally, ProSIFU's performance during the third quarter reflects the redoubled commitment of its project staff, implementing partners, and other key stakeholders to improve the continuum of HIV care at the health facility and community levels, including by establishing and reinforcing referral and counter-referral systems. Of the 131 individuals who were newly

identified as HIV positive during the reporting period, for example, 62 individuals received cotrimoxazole prophylaxis and 38 individuals were newly initiated on antiretroviral treatment (ART) for their own health on the basis of their CD4 counts.

Other milestones achieved during the reporting period include training 67 health providers from partnering health facilities on integrated health service delivery organized around a PMTCT “axis,” in response to the strategic pivot, and all local implementing partners’ monitoring and evaluation (M&E) focal points on ProSIFU’s post-pivot datacards; training Champion Community Steering Committee members and *relais communautaires*; ongoing technical support, including through joint supervision visits with Fungurume Health Zone, to strengthen the capacity of ProSIFU’s local partners and health system to deliver quality, comprehensive services; procuring a dedicated project vehicle, which will be used to support local NGO partner SEFAM’s mobile “moonlight” voluntary HTC activities to targets commercial sex workers (CSWs), beginning next quarter; and recruiting both a dedicated PMTCT specialist and driver as additional, dedicated ProSIFU staff. In close collaboration with numerous private and public stakeholders—from Fungurume Health Zone’s central health office and local health facilities, to the provincial National AIDS Control Program (PNLS), local NGOs, champion communities, and the DRC Integrated HIV/AIDS Project (ProVIC), ProSIFU has also laid the groundwork for the formal launch of the project’s three remaining champion communities and four remaining health facilities—all of which were added in response to the strategic pivot—next quarter.

This report references the project’s revised Year 1 workplan that was submitted to USAID in response to the strategic pivot, in April 2013. Results reported in *Annex 1—Q3 Results Against Project Indicators and Targets* are reported against newly proposed, annual targets for project Year 1 (fiscal year 2013, or FY13). These newly proposed targets, which emerged through consultations with USAID and PEPFAR in June and July 2013 in the context of revisiting FY13 and FY14 Country Operational Plan (COP) targets and progress against FY13 targets, will be submitted to USAID shortly in the form of a revised Project Monitoring and Evaluating Plan (PMEP).

QUARTER 3 PROGRESS, BY TECHNICAL COMPONENT

Intermediate Result 1: HIV counseling and testing (HCT) and prevention services expanded and improved in Fungurume and Kasumbalesa

Sub-IR 1.1: Communities' ability to develop and implement prevention strategies strengthened

Activity 1: Develop four champion communities in Fungurume Health Zone (FHZ) and one commercial sex worker (CSW)-focused champion community in Kasumbalesa

At the end of the third quarter, two of five champion communities to be supported by *Projet SIDA Fungurume* (ProSIFU)—four of which were added in response to the strategic pivot of the United States President's Emergency Plan for AIDS Relief (PEPFAR) in March 2013—are operational. A total of 45 Steering Committee members—15 in each of Tenke, Kakanda, and Kasumbalesa—were trained by local nongovernmental organization (NGO) partner Bread and Knowledge Too-Congo (BAK-Congo) on the Champion Community approach. During these trainings, Steering Committee members also selected *relais communautaires* for each community. ProSIFU made operational support visits to each of these committees over the course of the reporting period. BAK-Congo also led three advocacy meetings on the approach with local political authorities in Kakanda, Tenke, and Kasumbalesa.

Participatory planning meetings were held in each of these communities. Over the course of the quarter, and with activities in full swing, they collectively convened 15 monthly community review (monitoring) meetings. ProSIFU also supported three internal monitoring meetings and one quarterly review meeting, both of which included Steering Committee members, during the reporting period.

Finally, a total of 56 peer educators from four *aires de santé* in FHZ were trained during the third quarter; these peer educators, along with four *techniciens accompagnateurs* and one social worker from BAK-Congo, have already begun disseminating targeted messages focused on prevention of mother-to-child transmission of HIV (PMTCT) (including male engagement) and treatment adherence, and on reaching key populations.

Activity 2: Increase champion communities' access to information and knowledge for behavior change to create increased demand for and use of HIV services



Sensitization of miners by a *relais communautaire* from the Buafano Champion Community in Kasumbalesa, Katanga. Photo: Oscar Pyng/PATH.

Having fully launched two targeted champion communities and trained their affiliated peer educators and *relais communautaires*, third quarter results on community-sensitization activities showed a marked improvement over previous performance. During the third quarter, more than 1,200 individuals among the general population were reached with targeted messaging from these two champion communities alone. Performance on ProSIFU-supported sensitization activities are expected to be even further boosted during the fourth quarter, when ProSIFU's remaining three champion communities will be formally launched and fully operational.

With BAK-Congo's leadership and capacity-building support, this included 1,181 people (656 males and 525 females) among the general population who were reached with HIV-prevention messages focused on abstinence and being faithful, and mostly in small groups, by *relais communautaires*, peer educators, and Champion Community Steering Committee members trained through ProSIFU. Thirty-six individuals among the general population were reached through small-group sessions focused on abstinence and being faithful (AB) messaging; these sessions were organized by *Secours en Faveur Des Marginalises au Congo* (SEFAM).

Of the nearly 4,200 individuals from key populations who were reached with prevention messaging—more than 67 percent of them truckers, and more than 87 percent of them males—705 in FHZ and Kasumbalesa were reached through local NGO BAK-Congo, and received messages on AB and correct condom use. Among this population, 466 were CSWs, 133 were truckers, and 106 were miners; about 63 percent were women. In the Kasumbalesa region, 3,457 individuals from key populations were reached through local NGO SEFAM—most of them through mobile voluntary voluntary HTC services. About 77 percent, or 2,674 of these individuals, were truckers; 773 were miners; and the rest were CSWs.



A group of men sensitized on HIV prevention in a bar in Kimpe (a miner's village), Kasumbalesa. Photo: Oscar Pyne/PATH.

Finally, with the anticipated, formal launch of the CSW-focused Champion Community in Kasumbalesa's red light district, or *Coin Rouge*, early in the fourth quarter, ProSIFU will then support the training of peer educators in this HIV hotspot. Sensitization and voluntary HTC activities targeting CSWs will then be rolled out shortly thereafter.

Activity 3: Provide targeted HCT services and prevention messages for key populations in Kasumbalesa

This activity refers to the development and placement of billboards along the road to Kasumbalesa that target truckers with HIV prevention messages. These billboards were included in ProSIFU's original proposal, which noted that the project team would collaborate with the Regional Outreach Addressing AIDS through Development Strategies II (ROADS II) project to ensure the use of standardized themes and images (ROADS II is operational throughout eastern Africa). ROADS II is no longer operational in these implementation areas targeted by ProSIFU, however, and per guidance received from the United States Agency for International Development (USAID) in June 2013 (at the time that this report was revised for re-submission to USAID), this activity was determined to not be aligned with the November 2012 PEPFAR Blueprint's roadmap to achieving an AIDS-free generation. Therefore, despite strong advocacy from the Governor of Katanga for this activity, no tasks under this activity will be implemented under ProSIFU.

ProSIFU continues to implement other prevention activities with key populations. Key populations are reached with specific prevention messages through trained peer educators and community workers. During mobile HTC interventions, our partner SEFAM-Congo provides one-to-one sensitization and pre-test counseling. In addition, our partner BAK-Congo has established a champion community for sex workers through which this key population receives specific prevention messages related to HIV prevention. Additionally, TFM has been

able to respond to requests for informational leaflets and has widely distributed materials related to HIV, STI and TB prevention.

Activity 4: Strengthen the capacity of champion communities to access the Tenke Fungurume Mining (TFM) Social Community Fund

Once all Champion Community Steering Committees in the TFM concession are fully operational—with the formalization of the third committee, in Tenke, expected early in the fourth quarter—ProSIFU will work closely with TFM to organize a TFM Social Community Fund orientation meeting with these committees. During these meetings, committee members will learn about how the Fund operates, and how they can submit their proposed projects for funding. As TFM’s coverage is limited to champion communities within the TFM concession, this activity does not apply, therefore, to communities outside the TFM concession. It is anticipated that ProSIFU will provide technical assistance to selected Champion Community members to develop proposals for submission to this Fund between the fourth quarter of Year 1 and first quarter of Year 2.

Sub-IR 1.2: Community and facility-based HCT services increased and enhanced

Activity 1: Improve access to facility-based and mobile HCT services

During the third quarter of Year 1, ProSIFU increasingly supported both facility-based and mobile HCT services. Of all those who received HTC services during the reporting period, 131 individuals, or approximately 4.5 percent, were newly identified as HIV positive. Seropositivity rates were highest among those reached with PITC (44 individuals, at 16.7 percent).

Three project-supported clinical sites in FHZ continued to offer PITC: Dipeta Health Referral Center, Neema Health Center, and Saint Francois Xavier Health Referral Center. Of the 264 individuals who received PICT—165 at Dipeta, 79 at Neema, and 20 at Saint Francois Xavier—154 were men and 110 were women.

A notably high proportion of all individuals who received PITC services—44 individuals (30 men and 14 women), or 16.7 percent—tested HIV positive. All 44 of these individuals were referred internally for medical care, and for psychosocial support through BAK-Congo in Fungurume. Please see Intermediate Result 2 below, as well as Annex 1 (M&E results table), for more information

Local NGO partner SEFAM also continued to produce strong results through mobile voluntary HTC services targeting key populations. During the third quarter, 2,190 individuals received mobile HTC services in Kasumbalesa through SEFAM as follows: 1,775 truckers at Wisky, where sensitization was conducted on foot, from truck to truck; and 249 miners, reached through community-based voluntary HTC in the mining village of Kimpe. While 166 CSWs also received voluntary HTC services, many were hard to reach during the day; to help better target and reach this key population when and where they operate, and per the arrival of a dedicated project vehicle at the end of the period, ProSIFU will support SEFAM in launching mobile “moonlight” voluntary HTC activities next quarter.

Of all those who received mobile voluntary HTC services during the third quarter, 2,021 of them, or 92 percent, were men, and 77 individuals, or 3.51 percent, tested HIV positive. All 77 individuals who tested HIV-positive were referred to Kasumbalesa Health Referral Center,

or *Centre de Santé de Référence* Kasumbalesa (CSR Kasumbalesa), a clinical site supported by Projet Intégré de VIH/SIDA au Congo (ProVIC), for medical care. To improve linkages between these community- and facility-based services and reduce loss to follow-up from mobile voluntary HTC referrals, selected health providers from CSR Kasumbalesa participated in every mobile voluntary HTC clinic organized by SEFAM. This helped ensure that all identified HIV-positive cases were successfully recruited for follow-up, clinic-based medical care.

SEFAM also continues to track these referred cases, which include three non-Congolese truckers who now regularly receive antiretroviral treatment (ART) at CSR Kasumbalesa. By contrast, traveling the seven or so kilometers between Wisky—where many CSWs operate—and CSR Kasumbalesa for regular medical care proved challenging for many CSWs. To address this challenge, SEFAM therefore began referring newly identified HIV-positive CSWs to Buafano Health Center, a new ProVIC-supported clinic site, in July 2013.

ProSIFU is working with Health Zones and partners to establish an effective referral and counter referral system to ensure the continuum of care in Kasumbalesa. This will require an updated cartography of health structures providing HIV related services and harmonization of interventions between different key players such as health zones, health facilities, implementing partners and other trans-borders projects.

One of the biggest challenges with establishing referral mechanisms relates to the mobility of certain populations such as truck drivers. Given the cross-border movement of truck drivers, the development of a strong referral system remains a challenge. Keeping in mind the principle of not testing without treatment, ProSIFU is working to establish linkages with other HIV service providers in neighboring countries to consider options for follow-up of HIV infected truck drivers. For those truck drivers and/or sex workers who are residents of DRC, we have linked with CSR Kasumbalesa and their personnel participate in our mobile HTC services. We also continue communications with North Star Alliance and are considering how to refer clients to this project's clinics.

Finally, the remaining 429 individuals who received with HTC services during the reporting period were pregnant women reached through PMTCT services. These activities and results are described in further detail under Sub-IR1.3 below.

The third quarter was an intensive period of training and technical assistance for ProSIFU. To support both mobile and facility-based HCT services, ProSIFU provided technical assistance to CSR Dipeta, *Centre de Santé* (CS) Neema, and CSR Saint Francois Xavier. In collaboration with the National HIV/AIDS Program (PNLS), ProVIC, and the *Equipe de Cadre de Zone de Santé* (health zone team) of FHZ, ProSIFU also delivered integrated HIV/AIDS trainings to 32 health providers: eight physicians, 17 nurses, and seven laboratory assistants. These integrated health trainings, which were organized around a PMTCT “axis,” also included modules on HCT service delivery. The project's Chief of Party also participated



Health providers from ProSIFU-supported clinical sites receive their training certificates. Photo: Oscar Pyng/PATH.

in selected sessions as part of his site visit to Fungurume. During the fourth quarter, ProSIFU will conduct supportive supervision visits and provide follow-up technical assistance to these health providers as needed.

Activity 2: Promote HIV prevention through the promotion of condom use

ProSIFU continues to collaborate closely with PNLs to ensure the distribution of condoms to help prevent HIV and other sexually transmitted infections. During the third quarter, ProSIFU received 30,800 condoms—28,800 male condoms and 2,000 female condoms—from *Programme Nationale Multi-Sectorielle de Lutte contre le SIDA* (PNMLS), through ProVIC. 14,400 male condoms and 2,000 female condoms were distributed to CSR Dipeta, CS Neema, and CSR Saint Francois Xavier via FHZ's central office (BCZS). Local NGO grantees SEFAM and BAK-Congo each received 7,200 male condoms.

Over the course of the reporting period, a total of 74,187 condoms were distributed throughout targeted project areas—38,225 condoms, provided by TFM, by local community-based organization (CBO) Lamuka, to key populations such as CSWs, truckers, bar and hotel owners, the military, and police in Fungurume; 20,958 condoms by SEFAM, through their sensitization activities; 14,400 condoms by the abovementioned health facilities; and 604 condoms by BAK-Congo. Going forward, ProSIFU is also currently exploring the possibility of having BAK-Congo distribute condoms to targeted areas on a monthly basis.

Sub-IR 1.3: Prevention of PMTCT services improved

Activity 1: Improve access to comprehensive PMTCT services according to national norms

At the end of the third quarter, needs assessments have been completed at all seven PMTCT sites supported by ProSIFU: CSR Saint François Xavier (in the *Tenke aire de santé*), CS Neema (in the *aire de santé* of Dipeta 2), CS Piscine de Siloé (in the *Tenke aire de santé*), CS Shaloom (in the *Mpala aire de santé*), CS El Shadai (in the *Kasolondo aire de santé*), CSR Dipeta (in the *Dipeta I aire de santé*), and CS Kakanda Sanfina (in the *Kakanda aire de santé*). Table 1 below summarizes the results. The project team also made continuum-of-care recommendations to each of these sites, based on their assessment results.

Table 1: Summary of results from needs assessments completed at ProSIFU-supported PMTCT sites.

Health facility	Hub	Spoke	# of pregnant women to be tested for HIV over 1 year who will receive their results	Projected # of HIV-positive women to be identified	FOG	Accord de collaboration	Observations
CSR Saint Francois Xavier	1		950	15	1		
CS Neema		1	967	15	1		
CS Piscine de Siloé		1	180	3			Stratégie avancée accompagnée (under Saint François Xavier)
CS Shalom I		1	949	15	1		
CS El Shadai		1	898	14	1		

CSR Dipeta	1		950	15		1	
CS Kakanda Safina		1	180	3			Stratégie avancée accompagnée (under CSR Dipeta)
TOTAL	2	5	5,074	80	4	1	

The above table reflects the average projected number of pregnant women to be tested for HIV per year through PMTCT services at each project-supported PMTCT site, as determined by needs assessments conducted by ProSIFU. Through these needs assessments, both CSR Dipeta and CSR Saint Francois Xavier were determined to serve as ProSIFU “hub” PMTCT sites, while the remaining five PMTCT sites would serve as spokes.

CS Piscine de Siloé and CS Kakanda Safina, which both receive the lowest numbers of pregnant women and do not yet have fully qualified/trained staff, will be considered *sites avancée et accompagnées*, or “advanced accompanied sites.” These sites are part of an “advanced coaching strategy” that was introduced by ProSIFU, in close collaboration with the FHZ management team (and modeled after ProVIC), to reach targets in areas with markedly low attendance. The strategy involves a principal site working with secondary, lower-volume, advanced accompanied sites (which are included in those principal sites’ agreements with ProSIFU) to better reach pregnant women and ensure that those women have access to the continuum of care according to national standards.

Collaborative accords with both FHZ and CSR Dipeta, per the PEPFAR Democratic Republic of Congo (DRC) strategic pivot, were signed and issued by the end of the third quarter. The remaining four agreements with project-supported PMTCT sites were signed at the beginning of the fourth quarter, as follows: in Tenke, with CSR Saint Francois Xavier; and in Fungurume, with CS Neema, CS Shalom I, and CS El Shadai; these sites all received fixed obligation grants (FOGs) in early July 2013.



ProSIFU’s integrated PMTCT trainings at FGM. Photo: PATH.

As reported under indicator H2.3D in Annex 1, 67 health providers from all seven PMTCT sites (including the advanced sites of CS Piscine de Siloe and CS Kakanda Safina), FHZ, BAK-Congo, SEFAM, and Lamuka received integrated, in-service trainings through

ProSIFU during the reporting period. This included eight physicians, 17 nurses, seven laboratory assistants, five pharmacists, 18 social assistants, and 12 *relais communautaires*.

PMTCT sites supported by ProSIFU are now providing PITC to male partners of HIV-positive pregnant women who are receiving PMTCT services. Of the total 43 male partners who received PITC services (36 at CSR Dipeta and 2 at CS Neema), two men (about 4.6 percent) tested HIV positive. Fifteen HIV-positive mothers (which included 10 newly-identified HIV-positive pregnant women) were themselves identified through facility-based PMTCT services—nine at CS Neema, one at CSR Dipeta, and five at CSR Saint Francois Xavier—and referred for community-based care and support. On the basis of CD4 count testing, eleven of these women were placed on ARV prophylaxis, and two were initiated on ART for their own health. Please see Annex 1 (under indicator P1.2D) for further explanation and disaggregated data.

Activity 2: Increase promotion and uptake of pediatric counseling and testing, and improve follow-up of mothers and infants

Reflecting efforts to increase the promotion and uptake of pediatric counseling and testing, two children (under 15 years old) identified as HIV-positive were referred for and initiated on ART at CSR Dipeta during the reporting period.

Two HIV-exposed infants born to HIV-positive mothers were also placed on cotrimoxazole (CTX) prophylaxis at six weeks of age during the reporting period. While health providers in all ProSIFU-supported PMTCT sites have now been trained on early infant diagnosis (EID), no project EID data have been recorded yet—in part due to the widespread lack of availability of EID commodities in the DRC. That said, the two above-mentioned infants who received CTX prophylaxis are expected to be retraced and returned for EID and further follow-up next quarter, and ProSIFU is leveraging support from ProVIC's Kinshasa office for the procurement of these commodities.

Losing mother-infant pairs upon their accessing PMTCT services is a pervasive challenge throughout the DRC. To address this challenge, ProSIFU has helped local partners establish and implement a tracking system to recover mother-infant pairs. Of the eight mother-infant pairs lost to follow-up during the second quarter—six initially reached with PMTCT services at CSR Saint Francois Xavier, and two at CS Neema—five (63 percent) have already been retraced and returned for continued clinical care, thanks to targeted home visits by Saint Francois Xavier's titular nurses. Efforts to recover the last three remaining mother-infant pairs continue.

Activity 3: Increase linkages with maternal and child health services and other key health areas

In alignment with both the PEPFAR DRC strategic pivot and the Blueprint for an HIV-Free Generation, ProSIFU supports all of its local partners in increasing linkages between HIV services, maternal and child health services, and other key health areas. This includes ensuring access to family planning counseling and methods to all women who receive PMTCT services. Now that health providers from all project-supported PMTCT sites were trained in late June 2013 to deliver integrated PMTCT services, including family planning, women receiving PMTCT services will also have access to family planning at all ProSIFU-supported sites beginning next quarter.

These late June trainings also aimed to build local partners' capacity to deliver targeted messages on PMTCT, sexual and gender-based violence (SGBV), family planning, nutrition (including breastfeeding), sanitation, malaria prevention, and other key health issues, in alignment with USAID's strategic pivot guidance received in the late second quarter. Messaging tools, developed in collaboration with the Communication for Change (C-Change) project and ProVIC, included encouraging women to get tested for HIV and know their HIV status; encouraging women to visit health facilities for antenatal consultation; integrating a gender approach into PMTCT services to promote male partner involvement; and advising HIV-positive pregnant women to give birth at maternity wards with PMTCT



A new mother with her baby at CSR Dipeta, alongside the health center's Chief Medical Officer.
Photo: Nefra Faltas/PATH.

services. Messaging for HIV-positive pregnant women also emphasizes the key elements of PMTCT: community outreach, testing, family planning, preventing transmission from mother to child, and care and support. Messages target pregnant women, their partners and families, and key populations, with the goal of increasing the use of health services and encouraging behavior change through community interventions that focus on PMTCT, supporting people living with HIV/AIDS (PLWHA) and orphans and vulnerable children (OVC), and preventing gender-based violence and sexual transmission of HIV.

Completed tools and messaging materials, to be finalized next quarter in collaboration with ProVIC and C-Change, will then be shared with community members and health service providers for dissemination in both community- and facility-based settings.

Intermediate Result 1: Challenges and proposed solutions

Challenges	Proposed solutions
Relatively low level of ongoing capacity-building support provided to selected <i>relais communautaires</i> and peer educators, due to their location in rural, harder-to-reach areas. In these areas, community volunteers generally had lower levels of education than typically sought by ProSIFU.	Strengthened and more regular monitoring and supportive supervision to <i>relais communautaires</i> and peer educators, especially in rural areas, to be jointly provided by ProSIFU's technical team, PNLS, and BCZS.
Late delivery of integrated HIV trainings organized around a PMTCT axis, vis-a-vis ProSIFU's project period of performance, due to the March 2013 announcement of the PEPFAR DRC strategic pivot. This key implementation activity was originally planned for April 2013, but was delayed until the end of June due to ProSIFU's need to consult with and then respond to PEPFAR's and USAID's technical guidance. These delays had cascade effects on most project activities—particularly facility-based clinical services.	With the completion of these trainings, clinical (especially PMTCT) services—which to date were being largely offered only by CSR Dipeta—were then well-positioned to officially launch in all ProSIFU-supported health facilities at the beginning of Q4, and according to a revised, well-organized implementation calendar.
Delayed launch of mobile “moonlight” voluntary HTC through SEFAM, a key strategy to reach CSWs in Kasumbalesa, due to lack of dedicated project vehicle.	Having successfully procured a 4x4 vehicle at the end of Q3, ProSIFU will support one mobile, moonlight voluntary HTC clinic per month in Kasumbalesa and one mobile, moonlight clinic per month in Tenke Fungurume.
Delayed launch of EID services, due to unavailability of health commodities and supplies needed to deliver them.	Procurement support to be provided by ProVIC, and supportive supervision and technical support to be provided by ProSIFU, in Q4.

Intermediate Result 1: Activities planned for next quarter

Sub-IR 1.1 <i>Communities' ability to develop and implement prevention strategies strengthened</i>
Develop and disseminate targeted sensitization messages.
Organize self-support groups based on interests and needs.
Orient Champion Communities to TFM's Social Community Fund.

Sub-IR 1.1
<i>Communities' ability to develop and implement prevention strategies strengthened</i>
Provide Champion Communities with technical assistance to develop proposals for submission to the Social Community Fund.
Sub-IR 1.2
<i>Community- and facility-based HCT services increased and enhanced</i>
Continue to offer clinic-based PITC.
Organize mobile voluntary HTC targeting key populations, with a focus on supporting SEFAM to launch mobile “moonlight” voluntary HTC targeting CSWs and other key populations.
Provide continuum of care services such as CD4 count, hematological & biological results. Additional continuum of care services will also involve distribution of cotrimoxazole.
Request additional condoms for local implementing partners' distribution in target areas.
Sub-IR 1.3
<i>Prevention of mother-to-child transmission (PMTCT) services improved</i>
Issue remaining agreements to local health facility partners, including those added to ProSIFU's portfolio in response to the PEPFAR DRC strategic pivot.
Ensure provision of PITC to male partners and children of HIV-positive pregnant women at project-supported clinical sites.
Refer HIV-positive mothers to community- and/or facility-based care and support as needed.
Continue to improve and expand tracking systems for mother-infant pairs to reduce loss to follow-up upon their accessing PMTCT services.
Improve and expand early infant diagnosis systems in ProSIFU-supported PMTCT sites.
Increase access to family planning counseling and methods for women who receive project-supported PMTCT services.
Provide specific messages on PMTCT, SGBV, family planning, nutrition (including breastfeeding), sanitation, malaria prevention, and other key health issues in both community- and facility-based settings. Malaria prevention messages will be developed in collaboration with both C-Change and TFM, and ProSIFU will ensure their consistency with TFM's Integrated Malaria Control Program.

Intermediate Result 2: Care, support, and treatment for PLWHA and OVC improved in target areas

Sub-IR 2.1: Access to and quality of care and support services strengthened

Activity 1: Increase access to high-quality community- and home-based care and support

In alignment with the PEPFAR DRC strategic pivot, targeted community- and home-based care and support can provide targeted ways to mitigate potential loss to follow-up and ensure a comprehensive continuum of care—particularly for more mobile, key populations. During the third quarter, BAK-Congo's staff made 30 home-based care visits to people living with HIV/AIDS (PLWHA). Thirty PLWHA received at least one care service through BAK-Congo, and 31 PLWHA received at least psychosocial support from BAK-Congo.

During the reporting period, local NGO partner BAK-Congo screened 30 PLWHA—eight men, and 21 women, and one girl—for TB. None of these individuals were identified as suspected TB cases, however. At the health facility level, supportive supervision visits and trainings revealed under-reporting of TB screening in ProSIFU-supported health facilities for the following reasons: first, many health providers—of whom many are inexperienced in TB screening—failed to ask all questions from the TB screening checklist provided by ProSIFU.

Others, before completing ProSIFU's trainings, had been performing TB diagnosis without first screening clients for TB; after completing ProSIFU's trainings, however, these providers began performing TB screening prior to diagnosis suspected TB cases who had first been screened. The integrated health trainings delivered by ProSIFU in June, as well as strengthened supportive supervision next quarter, have hence already begun to build health providers' capacity to screen, diagnose, and treat suspected TB cases as needed, and project reporting and results on this activity are expected to improve beginning next quarter. (Please also see Annex 1, under indicators C2.4D and C2.5D.)

As emphasized by the PEPFAR strategic pivot, ProSIFU has begun working this quarter to strengthen referrals and counter-referrals to health facilities so that all HCT services are linked to a continuum of comprehensive care that includes treatment and support. This referral and counter-referral system will aim to ensure that all counseling and testing, both mobile and stationary, are linked to follow-up care—and has been promoted by ProSIFU this quarter through advocacy within the local health system; partner trainings, to ensure that all care providers understand the involved procedures; and the introduction of forms/tools that providers can use to accurately track referrals, and to ensure that all patients who are tested are referred to the appropriate post-testing care service.

At the community level, for example, individuals supported by local NGO BAK-Congo are referred to the ProSIFU-supported health facilities CSR Dipeta, CSR Saint Francois Xavier, and CS Neema for HTC and screening and/or diagnostics for other health concerns as needed. (Somewhat similarly, individuals who receive mobile voluntary HTC services through SEFAM are referred to a ProVIC-supported health facility, CSR Kasumbalesa, as needed.) At the health facility level, individuals who test positive for HIV and/or TB, for example, have access to follow-up treatment and clinical care and/or support, either on-site or via referral to another nearby health facility. The continuum of care circuit then extends back out into the community, where BAK-Congo's staff and network of social workers track and/or recover these individuals in their respective communities where they live and operate and provide them with community-based care according to needs. This care includes psychosocial and legal support; education and awareness-raising on positive living with prevention, treatment adherence, and the importance of maternal and child health in follow-up to PMTCT services. For HIV-positive key populations, who are often highly mobile and do not always regularly return to the same clinic, community-based follow-up can be especially critical to recovering those who have been or are at risk of being lost to follow-up after receiving clinical care.

Social workers are critical to the functioning of these referral and counter-referral systems, ensuring that people are referred for CD4 count testing; cotrimoxazole prophylaxis; TB screening, testing, diagnosis, and treatment; initiation of eligible clients on ART; and education and resources related to treatment adherence, nutrition, and positive health, dignity, and prevention.

Activity 2: Develop self-help groups (SHGs) for positive living

In coordination with TFM's Field Supervisor, ProSIFU's program officer supported BAK-Congo, partnering health facilities, Fungurume Health Zone's central office, and Champion Communities to deliver trainings and begin establishing SHGs for PLWHA as a cost-effective, approach to extending psychosocial support and positive living that builds on existing local capacities. The first of several planned SHGs has now been set up, and includes

members from Fungurume's four *aires de santé* (Dipeta 1, Dipeta 2, Kasolondo, and Mpala). This group has already convened one meeting.

With the issuing of ProSIFU's remaining FOGs to partnering health facilities anticipated early in the further quarter (NB: at the time this report was written, all local partner agreements were duly executed and operational), ProSIFU will support the establishment of several additional SHGs. These SHGs will play a key role in the continuum of care—including within the PMTCT cascade, by recruiting HIV-positive pregnant women to these groups with the support of Mentor Mothers.

These self-help groups will provide core care and support activities, such as promoting positive living strategies, to PLWHA. Social workers from both BAK-Congo and SEFAM will help bridge different nodes along the continuum of care, including by referring newly diagnosed people to these SHGs and helping to ensure the timely opening of a socio-medical record for each new client. These groups, in turn, are strategically clustered around health facilities; equipped with referral and counter referral tools, they can then facilitate referrals of PLWHA to facility-based medical care. And recognizing the centrality of PMTCT to the PEPFAR strategic pivot, PMTCT messages will be regularly promoted during SHG meetings, particularly to emphasize the importance of male partner involvement and follow-up of mother-child pairs.

ProSIFU will also work closely with local implementing partners and other key stakeholders at the health zone, health facility, and community level to establish mechanisms for those who may drop out of these self-help groups. To date, for example, three artisanal miners' wives have dropped out of a self-help group in Tenke upon ostensibly moving away with their husbands. Staff from CSR Saint Francois Xavier are currently searching for these women, with the help of ProSIFU's Program Officer. The formal establishment of an additional Champion Community in Tenke at the beginning of next quarter, which will include the launch of a network of *technicien accompagnateurs* and social assistants, will help create a more established referral and counter-referral system between the health facility and community levels in this area.

The package of positive living services provided by ProSIFU includes psychosocial support, nutritional counseling, ensuring access to health information, training on proper hand washing, and periodic CD4 testing to help delay the onset of AIDS. During the third quarter, 26 PLWHA benefitted from positive living interventions; 24 were reached through home visits, and two were reached through social workers from BAK-Congo during their regular visits to CS Neema.

Activity 3: Develop Child-to-Child (C2C) groups to support OVC

To create a care and support structure for children affected and infected by HIV/AIDS to fully participate in identifying and addressing their unique needs, ProSIFU will support local NGO BAK-Congo and Champion Communities in creating several C2C groups in the Fungurume and Kasumbalesa regions. Children's participation in these groups can trigger various kinds of community- and facility-based support to help address these needs through their C2C group membership, the Champion Communities in which they are embedded, and clinical facilities available nearby. While C2C group facilitators have not yet been trained, this activity is planned for the fourth quarter as increasing numbers of OVC are recruited into these groups.

Through these C2C groups organized by BAK-Congo, four children were referred to CSR Dipeta for nutritional support after being assessed as malnourished. At the end of next quarter, BAK-Congo will also begin providing targeted educational support to ProSIFU-supported OVC. This support will begin in September 2013, in alignment with the school year, and will include development of life skills, as well as education around family life, reproductive health, hygiene, and environmental sanitation.

Activity 4: Expand HIV services in facility-based settings to improve the package of care at the facility level



A laboratory assistant performing diagnostics at CSR Dipeta in Fungurume. Photo: Nefra Faltas/PATH.

Toward the end of the third quarter in particular, ProSIFU provided intensive support to its partnering PMTCT sites to help improve the package of integrated HIV/AIDS-related care at the facility level in the project's target communities in Fungurume and Kasumbalesa. This included providing cotrimoxazole to HIV-positive pregnant women, their HIV-exposed infants, infected male partners and other family members, and HIV-positive key populations. Cotrimoxazole (CTX) can importantly reduce the occurrence of opportunistic infections and episodic illness. Of the 62 HIV-positive individuals who received CTX prophylaxis during the third quarter, 44 individuals, or nearly 71 percent, were females; this included 13 HIV-positive pregnant women.

ProSIFU procured a total of 75 boxes of 1,000 CTX tablets (480mg) each and 150 bottles of CTX (at 240mg/5ml per dose) during the reporting period, and distributed this medication to CSR Dipeta, CSR Saint Francois Xavier, and CS Neema. The project plans to procure an additional 225 boxes of tablets and 250 bottles to cover anticipated needs through the end of the project.

During this period, TFM also purchased and installed a new X-Ray machine in CSR Dipeta's new facilities. Two staff from CSR Dipeta are currently being trained on this equipment, which will allow all patients who require a chest C-Ray for TB screening to receive one.

During the third quarter, health providers at ProSIFU-supported health facilities also received trainings on PIMA™ CD4 counting equipment as part of their integrated PMTCT trainings (this was the second PIMA™ equipment training given to local health providers, in follow-up to a first training in December 2012). As noted in ProSIFU's second quarter report, PIMA™ machines have been provided to CSR Saint Francois Xavier—which now offers on-site CD4 testing to all clients who test HIV-positive. TFM purchased and donated FACSCount machine reagents to CSR Dipeta during the period, as part of TFM's commitment under this project. Procuring these supplies and equipment has helped health providers to improve the identification treatment-eligible patients, more closely monitor HIV-positive patients on treatment, and reduce loss to follow-up.

Should gaps in the availability of medicines for sexually transmitted and opportunistic infections arise, TFM will both cover these costs and coordinate with *Projet Intégré de Sante* and other programs as needed. Beginning in the fourth quarter, the Economic Development Section of the TFM Community Development Department will also help these groups explore small business development opportunities.

Activity 5: Improve links between community- and clinic-based care

ProSIFU has also laid the groundwork for referral and counter referral mechanisms, which include the creation of socio-medical registries for PLWHA and follow-up of clients at both the community and health facility levels. Local NGO BAK-Congo, for example, regularly collects data on HIV-positive individuals whom nearby CSR Dipeta and CS Neema have referred for community-based services; similarly, these health facilities regularly communicate with BAK-Congo to track clients whom BAK-Congo has referred to them for clinical services. This continuous, bidirectional circuit of monitoring and communication will allow both implementing partners at both the community and health facility levels to quickly follow up on, and hopefully recover, clients who do not follow through on their referrals.

Comparable referral and counter-referral mechanisms have been set up between local NGO SEFAM and CSR Kasumbalesa, a PMTCT site supported by ProVIC, with mixed success: of the 121 newly identified, HIV-positive individuals who were referred for pre-ART or ART services during the third quarter, 77 HIV-positive individuals were reportedly referred from to CSR Kasumbalesa from SEFAM's mobile voluntary HTC services. A data quality audit performed by ProSIFU's M&E specialist, however, revealed that these results were difficult to verify, due to poor referral documentation. Due to the difficulty in verifying this data, these 77 individuals are not included in third quarter results for the project-level (non-PEPFAR) indicator, "Number of new HIV-positive persons attended/registered in care (pre-ART or ART) services from referral (please see Annex 1 for more information).

These mechanisms will therefore be reinforced in all targeted areas, with critical support and oversight from the Fungurume Health Zone's central health office and other local stakeholders, in the fourth quarter. This will include extending BAK-Congo's referral and counter-referral network to the additional PMTCT sites whose agreements will be issued in early July 2013. One challenge to this strategy, implemented in response to the strategic pivot, is that clients are being referred to local care facilities that are in the same neighborhood as where they get tested, but not necessarily in the same neighborhood where the clients live; this is especially true for key populations (such as CSWs and miners, in Kasumbalesa and Kasolondo villages). As a result, clients sometimes do not continue to seek care from those local facilities. Going forward, ProSIFU will target the improvement of follow-up and referral systems for key populations in particular, by assigning peer educators, such as MSM and CSW, to accompany clients seeking services. With support from Fungurume Health Zone, local implementing partners will also assign focal points to organize follow-up meetings between the facilities referring clients, and facilities receiving clients, as another strategy to reduce loss to follow-up.

As another component of improving links between community- and clinic-based care, ProSIFU trained both community- and clinic-based HCT providers on TB screening, and provided them with TB screening tools, as part of the above-mentioned integrated PMTCT trainings during the third quarter. To date, and as noted under Activity 1 above, ProSIFU has observed both underreporting of TB screening and improper use of the TB screening checklist among local implementing partners. ProSIFU's technical team will provide reinforced coaching and follow-up on TB screening activities with partners during the fourth quarter.

Activity 6: Support PLHIV with nutritional counseling

Promoting nutritional counseling is intended to be a routine activity within ProSIFU-supported health structures, and PLWHA in general and pregnant and lactating women are key targets. During their hospital stay following labor and delivery, for example, pregnant women and those who recently gave birth are to receive messages on nutritional counseling and healthy breastfeeding practices. In effort to link nutritional counseling in clinical and home-based care settings and reach a greater number of PLWHA, self-help group meetings, mentor mothers, caregivers, and social workers will also provide nutritional counseling.

The success of this activity, which will begin in project-supported health facilities next quarter, will depend on the availability of therapeutic food and well-run nutritional units in clinical settings. During the third quarter, four OVCs were referred by BAK-Congo to CSR Dipeta for nutritional support. No HIV-positive individuals were identified to receive therapeutic or supplementary food during the reporting period (please see indicator C2.3D, in Annex 1, for further explanation).

Sub-IR 2.2: Access to treatment strengthened

Activity 1: Monitor and place eligible HIV adults on treatment

As of the end of the third quarter, ProSIFU now provides antiretroviral treatment (ART) to 58 HIV-positive adults and children, more than 64 percent of them female. Of those currently under treatment through ProSIFU's support, 11 individuals receive their treatment at CS Neema, 37 at CSR Dipeta, and eight at CSR Saint Francois Xavier. Please see comments provided in Annex 1, under indicators P1.2D, T1.1D, and T1.2D, for further analysis.

Thirty-eight of these individuals, or nearly 68 percent, were newly enrolled in ART over the last quarter alone—a marked increase over performance from previous periods—with ARVs provided by the Supply Chain Management System (SCMS). These new enrollees also included two HIV-positive pregnant women.

Activity 2: Monitor and place eligible infants and children on treatment

At this time, ProSIFU's two pediatric HIV cases (one new and one old) are both under treatment at CSR Dipeta. ProVIC will work closely with key local stakeholders, including partnering health facilities and FHZ, to develop a system for timely pediatric treatment.

Sub-IR 2.2: Challenges and proposed solutions

Challenges	Proposed solutions
High level of on-the-ground technical assistance and capacity-building support to local implementing partners needed for sensitization, voluntary HTC, care and support, PMTCT, and M&E activities.	Calendar of monthly technical assistance visits, to be made jointly by and/or in collaboration with ProSIFU staff, ProVIC's technical specialists, Katanga PNLS, and FHZ central health office.
Despite the enthusiasm expressed by participants at the outset of ProSIFU's trainings, ProSIFU anticipates that it will be difficult to motivate community- and facility-based volunteers—particularly to report on their outreach activities on a regular basis.	ProSIFU to consult with the project's Chief of Party, TFM, and other key public- and private-sector stakeholders, on strategies to effectively motivate volunteers.

Intermediate Result 2: Activities planned for next quarter

Sub-IR 2.1
<i>Access to and quality of care & support services strengthened</i>
Provide essential home-based interventions through targeted home visits
Monitor tuberculosis (TB) drug adherence for PLWHA on TB treatment
Work with NGO and health facility partners to organize additional SHGs
Train PLWHA SHG members on soap and hand washing instructions, and conduct other targeted positive living sessions within SHGs
Train C2C group facilitators
Provide educational support to OVC based on targeting criteria, and integrate education around family life, reproductive health, hygiene, and environmental sanitation into C2C group activities
Continue to reinforce referral and counter referral mechanisms, including through follow-up of PLWHA via socio-medical registries
Support PLWHA with nutritional counseling
Sub-IR 2.2
<i>Access to treatment strengthened</i>
Refer non-TFM employees to CSR Dipeta according to needs
Continue efforts to develop a system for timely pediatric treatment

Intermediate Result 3: Health systems strengthening supported

Activity 1: Provide integrated HIV/AIDS training for health care providers

To support the launch of integrated HIV/AIDS services around a PMTCT axis in line with the PEPFAR DRC strategic pivot, ProSIFU completed health provider and community worker needs assessments during the third quarters. This was the second needs assessment completed since the project's launch: while initial assessments were completed in December 2012, a second round of assessments was then required upon the announcement of the PEPFAR DRC strategic pivot in the late second quarter—and which, in turn, resulted in ProSIFU's addition of a five more PMTCT sites (including two *sites avancées accompagnées*) than originally planned by the project.

ProSIFU also consolidated strategic pivot-adapted training materials, developed in collaboration with ProVIC, into a single, integrated training package and curriculum. These training materials were then used to organize and deliver integrated health training to 32 health care providers at the end of the third quarter, as mentioned under sub-IR 1.2 above.

Activity 2: Provide technical assistance



ProSIFU's M&E Officer leading datacard trainings with local implementing partners' M&E focal points.
Photo: PATH.

Intensified support from ProSIFU's PMTCT specialist, and from the project's M&E specialist—and who also supports ProVIC's M&E needs as Deputy National M&E Officer for the Katanga and Sud Kivu region—greatly facilitated the various types of technical assistance that ProSIFU's local implementing partners received during the third quarter. This included strengthening health service providers' capacity for commodities management, by training five clinic-based pharmacists on health commodities logistics and logistics management

information systems. ProSIFU's Health Commodities Specialist, who also supports ProVIC, then provided follow-up coaching on these tracking tools to all five pharmacists at CSR Dipeta. He also led in-service trainings on logistics management information systems to staff at CSR Dipeta, CS Neema, and FHZ's central health office.

The third quarter was also an intensive period in terms of sister project ProVIC's efforts to make substantial updates to ProVIC's data collection (and reporting) system in response to numerous additional reporting requirements resulting from the strategic pivot. These efforts were also leveraged by the ProSIFU team, who were then able to quickly adapt the post-pivot datacards and training modules. In June 2013, ProSIFU trained 16 local partners' M&E focal points and health providers on data collection and management, using these post-pivot datacards to reinforce the need for a strong, common understanding of updated project reporting requirements and technical guidance due to the strategic pivot.

To strengthen health service providers' capacity for biomedical waste management, ProSIFU provided biomedical waste management training to eight physicians, 17 nurses, and seven lab assistants. This training was incorporated in the PMTCT integrated training. ProSIFU's Program Officer also conducted six supportive supervision visits, or one visit to each of CSR Dipeta, CSR Saint Francois Xavier, CS Neema, CS El Sahadai, CS Shaloom, and CS Kakanda Safina, during the reporting period.

Activity 3: Provide supportive supervision

ProSIFU, with leadership from the project's Program Officer, continues to conduct routine, targeted supervision visits for improved service quality and site performance. The project team conducted three joint supervision visits—one to each of CSR Dipeta, CSR Saint Francois Xavier, and CS Neema—with FHZ's Chief Medical Officer, both to ensure the alignment of project-supported PMTCT activities with national standards and to strengthen governmental leadership of HIV activities. With the arrival of ProSIFU's dedicated vehicle at the end of the third quarter, activities such as mobile voluntary HTC activities and site and supportive supervisions are now being conducted more frequently.

The project team made six monitoring visits during the third quarter—one to each of CSR Dipeta, CSR Saint Francois Xavier, CS Neema, CS El Sahadai, CS Shaloom, and CS Kakanda



FHZ's Chief Medical Officer describes local disease burdens during a meeting with the ProSIFU team. Photo: Nefra Faltas/PATH.

Safina)—and continues to monitor each site at least monthly to help build local partners' capacity to conduct quality improvement and provide high-quality services. Lastly, USAID conducted supervision visits at ProSIFU-supported sites to verify the interpretation and implementation of PEPFAR's new strategic and technical guidance.

Intermediate Result 3: Challenges and proposed solutions

Challenges	Proposed solutions
Delayed distribution of updated datacards and sensitization sheets due to post-pivot revisions needed, and which in turn led to local implementing partner reporting delays	Trainings on datacards and other data collection tools provided by ProSIFU's M&E Specialist during Q3. ProSIFU's M&E Specialist to continue to provide hands-on coaching and conduct data quality audits (DQAs) in Q4 to continuously build local implementing partners' capacity to use these tools and produce quality data.
Local CBO Lamuka's weak organizational and management capacity, and behavioral challenges (related to working with Lamuka's director) to ProSIFU's capacity building efforts.	Organizational capacity-building support provided to Lamuka during the third quarter by ProVIC's National NGO Capacity Building Specialist. This short-term technical support included helping Lamuka reorganize its management committee and developing standard operating procedures.

Intermediate Result 3: Activities planned for next quarter

Intermediate Result 3 <i>Health systems strengthening supported</i>
Strengthen health service providers' capacity for commodities management.
Strengthen health service providers' capacity for data collection and management.
Strengthen health service providers' capacity for biomedical waste management.
Support joint supervision visits with government stakeholders, including FHZ's central health office.
Ensure ongoing, technical monitoring of all local partner sites.

Annex 1: Year 1 Quarter 3 results against indicators and targets

Please see attached.